3285

0100

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE



NAME	TelCove Operations, LLC	IUI
	(Here show in full the exact corporate, firm or individual name of the respondent)	e.
OCATED AT	1025 ELDORADO BLVD; BROOMFIELD, CO 80021	
(Here g	ve the location, including street and number of the respondent's main business office within the	State)
COMPANY#	2893	e.
	(Here give the APSC-assigned company number)	

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2015

LETTER OF TRANSMITTAL

Arkansas Public Service Commission

To:

Post Office Box 4 Little Rock, Arkan				
Submitted herewith is the ar	nnual report covering the op	peration of	TelCove Operations,	LLC
of ELDORADO BLVD; BRO		ar ending Decembe		
(Location) accordance with Section 51 The following report has been	of Act 324 of the 1935 Acts		ted the verification give	en below.
		w.	Signature)	
		William	n McConnell, Tax Direc (Title)	tor
		DIEICATION		
	VE	RIFICATION		
STATE OF Colorado)			
COUNTY OF Broomfield) ss.)			
I, the undersigned,		IcConnell, Tax Direc	ctor	of the
TelCove Operation			following report has	
(Company) been prepared under my dir carefully examined the same affairs of said utility in respe information, and belief; and and that accounts and figure transactions for the period in	e, and declare the same a control of the control of	complete and correct and thing set forth tions were made be	ct statement of the busing, to the best of my know fore stating the gross in	iness and wledge,
		%ಬ	& CRANCE (Signature)	
Subscribed and sworn to be day ofMARCH, My Commission Expires	fore me this	NO	HIRLEY WELCH OTARY PUBLIC E OF COLORADO mission Expires 07/10/16	
		Ah	(Signature of Notary)	

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1	Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2	The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3	If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4	Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5	Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriterribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6	This report will be scanned in. Please bind with clips only.
7	Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8	In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission
9	Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
10	Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
11	Each respondentshould make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Name Steve Soeun	Title Tax Analyst
Address 1025 ELDORADO BLVD	; BROOMFIELD, CO 80021
Telephone Number 720-888-45	85
E-Mail steve.soeun@level3.com	1
ive the name, address, telephon	e number and e-mail address of the resident agent:
Name Corporation Service Compa	any Telephone Number
Address 300 Spring Bldg, Ste 900	; 300 Spring Street; Little Rock, AR 72201

IDENTITY OF RESPONDENT

1.	Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:
	TelCove Operations, LLC
2.	Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:
	(a) N/A (b) 1025 Eldorado Blvd Broomfield, CO 80021
3.	Indicate by an \mathbf{x} in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.
	(a) () Electric, () Gas, () Water, (X) Telephone, () Other
	(b) () Proprietorship, () Partnership, () Joint Stock Association, () Corporation, (X) Other (describe below): LLC
4.	If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.
	(a) 12/1/1997
	(b) N/A
5.	If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:
	(a) N/A
	(b) N/A
	(c) N/A
6.	State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:
	N/A

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Diseases	Office Address	Date of Term		
Name of Director	Office Address	Beginning	End	
See Attached				

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
See Attached		

GROSS ASSESSABLE REVENUES	
Description	Amount
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$334,542

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS	
Residence		
Business	1,288	
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	1,288	
PBX Access Lines		
Coin or Credit Card Paystation Access Lines		
Company Official Access Lines (Numbers)		
TOTAL ACCESS LINES	1,288	

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

William McConnell, Tax Director

Agent/Telcove Operations, LLC

COMPANY CONTACTS

	Company Information		
Company Name	TelCove Operations, LLC		
dba			
Official Mailing Address	1025 ELDORADO BLVD; BROOMFIELD, CO 80021		
Mailing Address for APSC Annual Assessment Invoice	1025 ELDORADO BLVD; BROOMFIELD, CO 80021		

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MAIL
Annual Report	Steve Soeun	720-888-4585		steve.soeun@level3.com
APSC Annual Assessment	Steve Soeun	720-888-4585		steve.soeun@level3.com
Tariffs	Scott Seab	720-888-3942		Scott.Seab@Level3.com
Property Taxes	Lisa Akins	720-888-7765		lisa.akins@level3.com
Regulatory Affairs	Kristie Ince	972-455-7833		kristie.ince@Level3.com

Please list the number of utility employees located in Arkansas ______.

CORE LIST OF OFFICERS ONLY

Name	Title		
Ryan, John M.	Manager/Director, Executive Vice President, Chief Legal Officer & Secretary		
Storey, Jeff K.	Manager/Director, President & Chief Executive Officer		
Dolan, Dan	Vice President		
Eckstein, Neil J.	Senior Vice President, Assistant General Counsel & Assistant Secretary		
Leapley Trimble, Samantha	Vice President		
Licata, Lon A.	Senior Vice President		
Martinez Chapman, Rafael	Senior Vice President, Treasurer		
McManis, Ryan	Vice President		
McCarthy, John	Vice President		
Mooney, Michael J.	Senior Vice President		
Mortensen, Eric J.	Senior Vice President & Controller		
Ric Padilla	Vice President		
Patel, Sunit S.	Executive Vice President & Chief Financial Officer		
Richards, Douglas A.	Senior Vice President		
Steiner, Dwight E.	Vice President		
Wier, David	Vice President		